

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000067392

Entity Name: SIMPLY HEALTHCARE HOLDINGS, INC.

Current Principal Place of Business:

9250 W. FLAGLER STREET
SUITE 600
MIAMI, FL 33174

FILED
May 02, 2017
Secretary of State
CC2156776953

Current Mailing Address:

120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204 US

FEI Number: 27-0757414

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES HALPIN

05/02/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name RIVAS, MARIA LOURDES
Address 9250 W. FLAGLER STREET
SUITE 600
City-State-Zip: MIAMI FL 33174

Title DIRECTOR
Name KELAGHAN, CATHERINE I
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name BECK, CARTER A
Address 1155 ELM STREET
200
City-State-Zip: MANCHESTER NH 03101

Title SECRETARY
Name KIEFER, KATHLEEN S
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER
Name KRETSCHMER, ROBERT DAVID
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title CFO
Name PRINCE, HOLLY JEAN
Address 9250 W. FLAGLER STREET
SUITE 600
City-State-Zip: MIAMI FL 33174

Title ASSISTANT TREASURER
Name NOBLE, ERIC K
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN S. KIEFER

SECRETARY

05/02/2017

Electronic Signature of Signing Officer/Director Detail

Date